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OVERLAND PARK, KS 66251-2100					Sally J. Werts (Depositor's				
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APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR		ATTOR	NEY DOCKET NO.	CONFIRMATION NO.	
10/762,420	01/22/2004	01/22/2004 Brian Lawrence So			gles 2540/SPRI.109893			4911	
TITLE OF INVENTION	: EQUIPMENT HOUSI	NG WITH INTERFACIN	T			•		-	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE I	DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	
ngnprovisional	NO	\$1400	\$0		\$0		\$1400	03/06/2007	
EXAMINER		ART UNIT	CLASS-SUBCLASS						
BARNES, CRYSTAL J 2121			700-001000						
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys						
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternatively,						
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to LITEZ CCCCOTTO 210765 10762423 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 01 FC: 1501 3 1455.00 58						
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print of	or type	e)				
PLEASE NOTE: Unl recordation as set fort	ess an assignee is ident h in 37 CFR 3.11. Comp	ified below, no assignee pletion of this form is NO	data will appear on t T a substitute for filin	he pai	tent. If an assign	ee is ide	ntified below, the do	ocument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Sprint Comm	nunications Co	ompany L.P.	Overland	Par	k, KS 662	51			
Please check the appropr	iate assignee category or	categories (will not be p	rinted on the patent):		Individual XX Co	orporatio	n or other private gro	up entity Government	
4a. The following fee(s): X Issue Fee ☐ Publication Fee (N) ☐ Advance Order - #	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number								
5. Change in Entity State	tus (from-status indicated s SMALL ENTITY statu	•	_				ITY status. See 37 CF		
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